

## PERFORM A PATIENT ASSESSMENT (EMT-B): TRAUMA

For use of this form see TC 8-800; the proponent agency is TRADOC.

**TABLES:** I, V

**REFERENCES:** STP 8-68W13-SM-TG, Task: 081-833-0155, Perform a Trauma Casualty Assessment; Emergency Care and Transportation of the Sick and Wounded.

**1. Soldier** (Last Name, First Name, MI)

**2. Date** (YYYYMMDD)

**CONDITIONS:** Given a patient with a suspected injury or injuries in a simulated prehospital environment. You are not in a CBRN environment. Patient assessment is the cornerstone of good prehospital care. The best EMS providers are renowned for their thorough and systematic approach to performing patient assessments. If you can develop a consistent and methodical approach to assessment, you will be well on your way to providing the best possible medical care.

**STANDARDS:** Perform all measures IAW Emergency Care and Transportation of the Sick and Injured. You must score at least 70% (32 of 45 steps) and not miss any critical (\*) elements on the skill sheet.

**SAFETY:**

- o Risk Assessment: Low. All bodily fluids should be considered potentially infectious; always observe body substance isolation (BSI)
- o Precautions: Wear gloves and eye protection as a minimal standard of protection.
- o Environmental: None.

**NOTE:** Soldier Medics must be observed. (Evaluator to Soldier Medic ratio is 1:6).

### TEST SCENARIO:

As per Trauma Scenario. You are responding to an emergency call for a motor vehicle collision with injuries. You must perform a thorough and systematic initial patient and rapid trauma assessment for this trauma casualty in order to guide your decision-making process as to how to best manage this casualty.

**3. Evaluator's Comments and After-Test Recommendations:**

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**PERFORM A PATIENT ASSESSMENT (EMT-B): TRAUMA  
GRADING SHEET**

TASK	COMPLETED					
<b>4. Performed a Scene Size-Up</b>	1ST		2ND		3RD	
	P	F	P	F	P	F
a. * Took/verbalized body substance isolation (BSI) precautions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. * Determined if the scene is safe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. * Determined the mechanism of injury.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. * Determined the number of casualties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. * Requested additional assistance if deemed necessary. <b>NOTE: The need for additional assistance is based on the number of patients. MOI may dictate additional personnel or equipment.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Considered stabilization of C-spine based on evaluation of the MOI.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Performed an Initial Assessment</b> <b>EVALUATOR: As the Soldier Medic performs each step in the initial assessment, provide the correct responses as per the Trauma Scenario.</b>	1ST		2ND		3RD	
	P	F	P	F	P	F
a. * Formed a general impression of the casualty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. * Initiated and maintained C-spine stabilization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. * Determined responsiveness/assessed the casualty's mental status.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Assessed Airway and Breathing</b>	1ST		2ND		3RD	
	P	F	P	F	P	F
a. * Assessed the airway ( <i>look, listen, feel</i> ).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. * Assessed the breathing ( <i>rate, rhythm, quality</i> ).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Initiated appropriate oxygen therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Assessed Circulation</b>	1ST		2ND		3RD	
	P	F	P	F	P	F
a. * Assessed the skin ( <i>color, temperature, condition</i> ).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. * Assessed the pulse ( <i>rate, rhythm, strength</i> ).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. * Assessed for and controlled significant bleeding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treated the casualty for shock ( <i>as appropriate</i> ).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Identified Priority and Made a Transport Decision</b>	1ST		2ND		3RD	
	P	F	P	F	P	F
a. Selected the appropriate assessment to perform ( <i>rapid trauma, focused</i> ).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Made a transport decision ( <i>immediate transport, ALS backup</i> ).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. Performed a Rapid Trauma Assessment</b>	1ST		2ND		3RD	
	P	F	P	F	P	F
a. * Continued spinal immobilization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. * Assessed the head.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PERFORM A PATIENT ASSESSMENT (EMT-B): TRAUMA  
GRADING SHEET (cont'd)**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
<b>9. Performed a Rapid Trauma Assessment (cont'd)</b>						
c. * Assessed the neck.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. * Assessed the chest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. * Assessed the abdomen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. * Assessed the pelvis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. * Assessed the extremities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. * Assessed the posterior ( <i>log rolls with spinal precautions</i> ) . * <b>EVALUATOR:</b> If after detecting ( <i>IAW Trauma Scenario</i> ) an unstable pelvis or bilateral femur fractures and the Soldier Medic log-rolls the casualty, they will be scored Fail.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10. Obtained SAMPLE History/Transport/Vital Signs</b>						
a. * Obtained a SAMPLE History ( <i>prior to leaving the scene</i> ).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Transported the casualty within 10 minutes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. * Obtained vital signs ( <i>pulse, respirations, blood pressure</i> ).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11. Performed a Detailed Physical Examination During Transport</b>						
a. * Assessed the scalp and cranium ( <i>DCAP-BTLS / TIC</i> ).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. * Assessed the ears ( <i>DCAP-BTLS / fluid drainage</i> ).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. * Assessed the face ( <i>DCAP-BTLS</i> ).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. * Assessed the eyes ( <i>DCAP-BTLS / pupils</i> ).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. * Assessed the nose ( <i>DCAP-BTLS / fluid drainage</i> ).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. * Assessed the mouth ( <i>DCAP-BTLS / tongue / odors</i> ).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. * Assessed the neck ( <i>DCAP-BTLS / JVD / tracheal deviation</i> ).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. * Assessed the chest ( <i>DCAP-BTLS / TIC / auscultates</i> ).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. * Assessed the abdomen ( <i>DCAP-BTLS / TRD</i> ).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. * Assessed the pelvis ( <i>DCAP-BTLS / crepitus or instability</i> ).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. * Assessed the extremities ( <i>DCAP-BTLS / PMS x 4</i> ).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. * Assessed the posterior ( <i>DCAP-BTLS / rectal bleeding</i> ).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. * Managed secondary injuries found during survey.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. * Reassessed vital signs ( <i>pulse, respirations, blood pressure</i> ).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Documented the procedure on the appropriate medical form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. * Did not cause further injury to the casualty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>* CRITICAL ELEMENTS</b>						

**PERFORM A PATIENT ASSESSMENT (EMT-B): TRAUMA  
GRADING SHEET (cont'd)**

12. Demonstrated Proficiency

Yes

☐

No

☐

13. Start Time

14. Stop Time

15. Initial Evaluator

16. Start Time

17. Stop Time

18. Retest Evaluator

19. Start Time

20. Stop Time

21. Final Evaluator

22. Remarks

## PERFORM A PATIENT ASSESSMENT (*EMT-B*): TRAUMA EVALUATOR GUIDELINES AND INSTRUCTIONS

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.

Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.

Allow sufficient time for the Soldier Medic to extract information from the scenario.

Provide each evaluator with the grading sheet.

Ensure the Soldier Medic has all required materials.

Explain how the exercise is graded.

### Resource Requirements:

**Evaluator:** Grading sheet and applicable scenario.

**Soldier Medic:** Applicable scenario, medical aid bag stocked with a basic load, C-collar and long spine board, evacuation vehicle, another Soldier performing as an assistant/Combat Lifesaver.

### Additional Scoring Guidelines:

#### Performed a Scene Size-Up

Determined if the scene was safe.

- o Evaluated the scene for the safety of the casualty and emergency personnel.
- o Determined the safest route to access the casualty.

#### Performed an Initial Assessment

Formed a general impression of the casualty.

- o Immediately looked for life-threatening conditions.
- o Looked for the mechanism of injury (*MOI*).
- o Determined if the casualty was coherent and able to answer questions.

Determined responsiveness/assessed the casualty's mental status.

- o Level of consciousness (*LOC*).
- o AVPU.
- o Determined chief complaint/apparent life threats.

#### Assessed Airway and Breathing

Assessed the airway (*look, listen, feel*).

- o Open and patent.
- o Adjunct(s) indicated.

#### Performed a Rapid Trauma Assessment

Assessed the head.

- o Inspected for DCAP-BTLS.
- o Palpated for crepitus.

Assessed the neck.

- o Inspected for DCAP-BTLS.
- o Assessed for tracheal deviation.
- o Assessed for jugular vein distension (*JVD*).
- o Palpated the C-spine for step-offs (*applied cervical collar*).

Assessed the chest.

- o Inspected for DCAP-BTLS.
- o Palpated for tenderness, instability, crepitus (*TIC*).
- o Inspected for paradoxical motion.

Assessed the abdomen.

- o Inspected for DCAP-BTLS.
- o Palpated for tenderness, rigidity, distension (*TRD*).

**PERFORM A PATIENT ASSESSMENT (EMT-B): TRAUMA  
EVALUATOR GUIDELINES AND INSTRUCTIONS (cont'd)**

**Performed a Rapid Trauma Assessment (cont'd)**

Assessed the pelvis.

- Inspected for DCAP-BTLS.
- Compressed to detect crepitus or instability.
- Determined level of pain.
- Inspected for priapism.

Assessed the extremities.

- Inspected for DCAP-BTLS (*all four extremities*).
- Assessed distal pulses, motor, and sensory function (*PMS*).

Assessed the posterior (*log-rolled casualty with spinal precautions*).

- Inspected for DCAP-BTLS.
- Inspected for rectal bleeding.

**Obtained SAMPLE History/Transport/Vital Signs**

Obtained a SAMPLE History (*prior to leaving the scene*).

- S: Signs and symptoms of the episode.
- A: Allergies (*medications, food or other substances*).
- M: Medications (*prescribed, OTC; dosage*)
- P: Pertinent past medical history.
- L: Last oral intake (*eat or drink*).
- E: Events leading up to injury/illness.

Obtained vital signs.

- Pulse (*rate, strength, regularity*).
- Respirations (*rate, quality*).
- Blood pressure.

**Performed a Detailed Physical Examination During Transport**

Assessed the ears.

- Inspected for DCAP-BTLS.
- Inspected for fluid drainage (*blood, clear fluid*).

Assessed the eyes.

- Inspected for DCAP-BTLS.
- Inspected for discoloration; blood in anterior chamber.
- Inspected for unequal pupils.
- Inspected for foreign bodies.

Assessed the nose.

- Inspected for DCAP-BTLS.
- Inspected for drainage (*blood, clear fluid*).

Assessed the mouth.

- Inspected for DCAP-BTLS.
- Inspected for loose or broken teeth.
- Inspected for foreign objects, dentures.

Assessed the neck.

- Inspected for DCAP-BTLS.
- Inspected for JVD.
- Inspected for tracheal deviation.
- Palpated for TIC.

Assessed the chest.

- Inspected for DCAP-BTLS.
- Palpated for TIC.
- Auscultated for breath sounds (*absent, present, equal*).